

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) : ATTORNEY FOR (Name) : SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	TELEPHONE NO.:	FOR COURT USE ONLY
ESTATE OF (NAME): <div style="text-align: right;">DECEDENT</div>		
PROOF OF SUBSCRIBING WITNESS (For decedents dying after December 31, 1984)		
		CASE NUMBER:

1. I am one of the attesting witnesses to the instrument of which attachment 1 is a photographic copy. I have examined attachment 1 and my signature is on it.

- a. ☐ The name of the decedent was signed in the presence of the attesting witnesses present at the same time by
☐ the decedent personally.
☐ another person in the decedent's presence and by the decedent's direction.
- b. ☐ The decedent acknowledged in the presence of the attesting witnesses present at the same time that the decedent's name was signed by
☐ the decedent personally.
☐ another person in the decedent's presence and by the decedent's direction.
- c. ☐ The decedent acknowledged in the presence of the attesting witnesses present at the same time that the instrument signed was decedent's
☐ will.
☐ codicil.

2. When I signed the instrument, I understood that it was decedent's ☐ will ☐ codicil.

3. I have no knowledge of any facts indicating that the instrument, or any part of it, was procured by duress, menace, fraud, or undue influence.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....
 (TYPE OR PRINT NAME)



 (SIGNATURE OF WITNESS)

.....
 (ADDRESS)

ATTORNEY'S CERTIFICATION

(Check local court rules for requirements for certifying copies of wills and codicils)

I am an active member of The State Bar of California. I declare under penalty of perjury under the laws of the State of California that attachment 1 is a photographic copy of every page of the ☐ will ☐ codicil heretofore presented for probate.

Date:

.....
 (TYPE OR PRINT NAME)



 (SIGNATURE OF ATTORNEY)